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FORM D	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549		OMB APPROVAL RECEIVED JAN 22 2003 155 SECTION	
	FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION			
 03004274		OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response: 16.00		
		SEC USE ONLY		
		Prefix		Serial
		DATE RECEIVED		
Name of Offering (: check if this is an amendment and name has changed, and indicate change.)				
Filing Under (Check box(es) that apply): <input type="checkbox"/> Rule 504 <input type="checkbox"/> Rule 505 <input checked="" type="checkbox"/> Rule 506 <input type="checkbox"/> Section 4(6) <input type="checkbox"/> ULOE				
Type of Filing: <input checked="" type="checkbox"/> New Filing : Amendment				
A. BASIC IDENTIFICATION DATA				
1. Enter the information requested about the issuer				
Name of Issuer (: check if this is an amendment and name has changed, and indicate change.) Marysville Ohio Surgical Center, L.L.C.				
Address of Executive Offices (Number and Street, City, State, Zip Code) 7520 W. 160th St., Suite 100 Shawnee Mission, KS 66085		Telephone Number (Including Area Code) (913) 685-2111		
Address of Principal Business Operations SAME (if different from Executive Offices) (Number and Street, City, State, Zip Code)		Telephone Number (Including Area Code) SAME		
Brief Description of Business Ambulatory Surgery Center				
Type of Business Organization				
<input type="checkbox"/> corporation <input type="checkbox"/> limited partnership, already formed <input checked="" type="checkbox"/> other (please specify): limited liability company				
<input type="checkbox"/> business trust <input type="checkbox"/> limited partnership, to be formed				
Actual or Estimated Date of Incorporation or Organization: Month Year <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [][]				
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: <u>Five (5) copies</u> of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.				
ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.				

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A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing PartnerFull Name (Last name first, if individual) **ASC Group, LC**Business or Residence Address (Number and Street, City, State, Zip Code) **7520 W. 160th St., Suite 100, Shawnee Mission, KS 66085**Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing PartnerFull Name (Last name first, if individual) **Union County Health System**Business or Residence Address (Number and Street, City, State, Zip Code) **500 London Ave. Marysville, OH 43040**Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

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Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

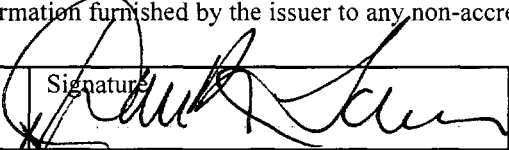
		Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	What is the minimum investment that will be accepted from any individual? \$8,000		
3.	Does the offering permit joint ownership of a single unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		

Full Name (Last name first, if individual) N/A			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Name of Associated Broker or Dealer			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) <input type="checkbox"/> All States			
[AL]	[AK]	[AZ]	[AR]
[IL]	[IN]	[IA]	[KS]
[MT]	[NE]	[NV]	[NH]
[RI]	[SC]	[SD]	[TN]
[CA]	[CO]	[CT]	[DE]
[LA]	[ME]	[MD]	[MA]
[NM]	[NY]	[NC]	[ND]
[UT]	[VT]	[VA]	[WA]
[DC]	[FL]	[GA]	[HI]
[MI]	[MN]	[MS]	[MO]
[OH]	[OK]	[OR]	[PA]
[WV]	[WI]	[WY]	[PR]
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Name of Associated Broker or Dealer			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) <input type="checkbox"/> All States			
[AL]	[AK]	[AZ]	[AR]
[IL]	[IN]	[IA]	[KS]
[MT]	[NE]	[NV]	[NH]
[RI]	[SC]	[SD]	[TN]
[CA]	[CO]	[CT]	[DE]
[LA]	[ME]	[MD]	[MA]
[NM]	[NY]	[NC]	[ND]
[UT]	[VT]	[VA]	[WA]
[DC]	[FL]	[GA]	[HI]
[MI]	[MN]	[MS]	[MO]
[OH]	[OK]	[OR]	[PA]
[WV]	[WI]	[WY]	[PR]
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Name of Associated Broker or Dealer			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) <input type="checkbox"/> All States			
[AL]	[AK]	[AZ]	[AR]
[IL]	[IN]	[IA]	[KS]
[MT]	[NE]	[NV]	[NH]
[RI]	[SC]	[SD]	[TN]
[CA]	[CO]	[CT]	[DE]
[LA]	[ME]	[MD]	[MA]
[NM]	[NY]	[NC]	[ND]
[UT]	[VT]	[VA]	[WA]
[DC]	[FL]	[GA]	[HI]
[MI]	[MN]	[MS]	[MO]
[OH]	[OK]	[OR]	[PA]
[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt.....	\$ _____	\$ _____
	Equity.....	\$ _____	\$ _____
	: Common: Preferred		
	Convertible Securities (including warrants).....	\$ _____	\$ _____
	Partnership Interests	\$ _____	\$ _____
	Other (Specify: Limited Liability Company Interests)	\$ 781,000	\$ 792,500
	Total.....	\$ _____	\$ _____
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>13</u>	\$ <u>372,000</u>
	Non-accredited Investors	<u>7</u>	\$ <u>420,500</u>
	Total (for filings under Rule 504 only)	_____	\$ _____
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	_____	\$ _____
	Regulation A	_____	\$ _____
	Rule 504	_____	\$ _____
	Total.....	_____	\$ _____
4.a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	<input type="checkbox"/> \$ _____	
	Printing and Engraving Costs.....	<input type="checkbox"/> \$ <u>1,500</u>	
	Legal Fees	<input type="checkbox"/> \$ <u>20,000</u>	
	Accounting Fees.....	<input type="checkbox"/> \$ _____	
	Engineering Fees.....	<input type="checkbox"/> \$ _____	
	Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/> \$ _____	
	Other Expenses (identify) Organizational and Offering Preparation Expenses	<input type="checkbox"/> \$ _____	
	Total.....	<input type="checkbox"/> \$ _____	

b.	Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$ _____
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	
		Payments to Officers, Directors & Affiliates
		Payments to Others
	Salaries and fees	<input type="checkbox"/> \$ _____
	Purchase of real estate	<input type="checkbox"/> \$ _____
	Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/> \$ _____
	Construction or leasing of plant buildings and facilities	<input type="checkbox"/> \$ _____
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$ _____
	Repayment of indebtedness.....	<input type="checkbox"/> \$ _____
	Working capital	<input type="checkbox"/> \$ _____
	Other (specify): Interior Design.	<input type="checkbox"/> \$ _____
	Development Fee.	<input type="checkbox"/> \$ See Attached
	Construction/Per-opening Expenses.	<input type="checkbox"/> \$ See Attached
	Column Totals.....	<input type="checkbox"/> \$ _____
	Total Payments Listed (column totals added)	<input type="checkbox"/> \$ _____
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.		
Issuer (Print or Type) Marysville Ohio Surgical Center, L.L.C.	Signature 	Date 1/20/03
Name of Signer (Print or Type) Daniel R. Tasset	Title of Signer (Print or Type) President of ASC Group, LC, Member	
ATTENTION		
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)		

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes ☐ No ☒
- See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

Signature

Date

Name (Print or Type)

Title (Print or Type)

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B - Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									

MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
OH	X		Limited Liability Company	13	\$372,000	7	\$420,500		
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

**Attachment to Form D of
Marysville Ohio Surgical Center, L.L.C.
In response to Item C, 5, Other**

SOURCES AND USES OF FUNDS

The following table sets forth the funds expected to be available to us from this offering and their anticipated and estimated uses. However, there can be no assurance that the minimum or the maximum number of units will be sold. The information supplied in this table is an estimate only and should not be viewed as a description of the actual expenditure of funds.

	\$ Minimum	\$ Maximum
SOURCES OF FUNDS:		
Offering Proceeds ¹	685,000	781,000
TOTAL SOURCES OF FUNDS	685,000	781,000
COST OF PRIVATE OFFERING		
Offering Preparation	27,500	27,500
PRINTING COSTS; SECURITIES FILINGS	1,500	1,500
NET SOURCES OF FUNDS	<u>\$ 656,000</u>	<u>\$ 752,000</u>
USES OF NET FUNDS		
Interior Design/Equipment Planning ²	\$75,000	\$75,000
Development Fees/Return of Capital ³	\$210,000	\$210,000
Construction Period Net Loss ⁴	\$159,360	\$159,360
Working Capital ⁵	\$211,640	\$307,640
TOTAL USES OF NET PROCEEDS	<u>\$ 656,00</u>	<u>\$ 752,000</u>

SIGNIFICANT ANNUAL OPERATING PAYMENTS (Year 1)

Medical Equipment Lease Payment ⁶	\$337,680
Wages and Salaries, Benefits ⁷	\$805,393
Medical and Pharmacy Supplies ⁸	\$643,195
Real Estate Lease Payments ⁹	\$347,315
Management Services Fees ¹⁰	\$165,000

¹ In the case of the minimum amount, represents the sale of 88 units at \$8,000 per unit less founders discounts of \$19,000. In the case of the maximum amount, represents the sale of 100 units at \$8,000 per unit less founders' discounts of \$19,000.

² Includes the cost of interior design and medical equipment planning. We anticipate that the interior design and medical equipment planning will be performed by outside firms. In other facilities, ASC Group has enlisted the services of RMK Interiors, Inc. for interior design services and SurgEquip for equipment planning services. RMK Interiors has performed design services for numerous surgical facilities across the United States. RMK Interiors will develop the interior schemes and procure all necessary furniture, wall coverings, floor coverings, cabinetry, moldings, counter tops and fixtures at manufacturer's wholesale prices. Neither ASC Group, nor any of its affiliates, will, however, receive any portion of the fees paid to RMK Interiors or SurgEquip.

³ Represents: an amount paid to ASC Group for its services in performing business development services for us and the surgery center including those pre-operations tasks described on pages 29 through 33. It also represents payments made to ASC Group and recorded as a return of a portion of its capital contribution.

⁴ Represents the amount of expected pre-opening expenses incurred as start-up costs for the surgery center. The amount for development fees have been segregated and listed separately, and, therefore, is not included in the total for this line item.

⁵ Represents the amount of projected capital available for operations upon opening of the surgery center. We may be required to borrow funds to cover the surgery center's working capital needs during the first year of operation. We anticipate that a local bank would provide an operating line of credit using the receivables of the surgery center as collateral.

⁶ ASC Group will contact equipment lessors including Preferred Capital, GE Capital Corporation, MARCAP and various other local and national companies to ascertain the best available terms for leasing the equipment that will be needed at the surgery center. In the best estimate of ASC Group, such funding is currently available and the investors may not be required to provide personal guarantees for any equipment lease.

⁷ Wages and salaries are based on an employment of approximately 14 full-time employees in the first year. We will engage ASC Management to manage all day-to-day affairs of the surgery center and to provide oversight of the billing and collections performed at the surgery center.

⁸ Medical and pharmacy supplies are calculated at approximately \$230 per patient.

⁹ We anticipate leasing the surgery center (land and building) from a real estate entity which is yet-to-be-formed at an initial cost of approximately \$28,942 per month. Such a lease represents an approximate payment of 12.0% on the anticipated construction cost of the surgery center.

¹⁰ Represents the payment to ASC Management of 6.0% of monthly "net revenue" for the surgery center not to exceed \$165,000 in the first year of the surgery center's operations.